

**WEEKS & ANDERSON**

*An Association of Attorneys*

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DIRECT TELEPHONE NUMBER: 615/370-3380

November 13, 2013

Melanie Hill, Executive Director  
Health Services and Development Agency  
502 Deaderick Street  
9th Floor  
Nashville, Tennessee 37243

Re: MUA of Middle Tennessee, CN1308-031  
Request for Deferral

Dear Mrs. Hill:

I represent the referenced project, which is now scheduled for hearing at your December, 2013 meeting. On my client's behalf, I request a deferral of this project until your January, 2014 hearing in order for both this and the Smoky Mountain Ambulatory Surgery Center, LLC projects to be heard at the same time. This will expedite the hearings, in that both projects are for the same service. If approved, I understand this project will be heard prior to the Smoky Mountain project.

Thank you for your consideration of this request.

Sincerely,



E. Graham Baker, Jr.

/np

c: Lance Benedict, D.C.  
Terry Totty, D.C.  
Doug Lensgraf, D.C.



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## LETTER OF INTENT TENNESSEE HEALTH SERVICES AND DEVELOPMENT AGENCY

The Publication of Intent is to be published in the Tennessean which is a newspaper of general  
(Name of Newspaper)

circulation in Davidson County, Tennessee, on or before August 10, 2013 for one day.  
(County) (Month / day) (Year)

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This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. § 68-11-1601, et seq., and the Rules of the Health Services and Development Agency, that MUA of Middle Tennessee, LLC ("Applicant"), 28 White Bridge Road, # 210, Nashville, Davidson County, TN 37205, owned and managed by itself, intends to file an application for a Certificate of Need for the addition of interventional pain management services at its ASTC. The Applicant currently provides manipulation under anesthesia ("MUA") services. This new service will be provided in the same one procedure room which is currently licensed. There are no beds and no major medical equipment involved with this project. No other health services will be initiated or discontinued. It is proposed that Medicare, TennCare, commercially insured, and private-pay patients will be served by the ASTC, which will be licensed by the Tennessee Department of Health. The estimated project cost is anticipated to be approximately \$200,000.00.

The anticipated date of filing the application is: August 15, 2013.

The contact person for this project is E. Graham Baker, Jr. Attorney  
(Contact Name) (Title)

who may be reached at: his office located at 2021 Richard Jones Rd. Suite 350  
(Company Name) (Address)

Nashville TN 37215 615 /370-3380  
(City) (State) (Zip Code) (Area Code / Phone Number)

  
(Signature)

August 08, 2013 graham@grahambaker.net  
(Date) (E-mail Address)

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**The Letter of Intent must be filed in triplicate and received between the first and the tenth day of the month. If the last day for filing is a Saturday, Sunday or State Holiday, filing must occur on the preceding business day. File this form at the following address:**

**Health Services and Development Agency  
Frost Building  
161 Rosa L. Parks Blvd., 3<sup>rd</sup> Floor  
Nashville, Tennessee 37243**

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The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

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\* The project description must address the following factors:

1. General project description, including services to be provided or affected.
2. Location of facility: street address, and city/town.
3. Total number of beds affected, licensure proposed for such beds, and intended uses.

**CERTIFICATE OF NEED  
REVIEWED BY THE DEPARTMENT OF HEALTH  
DIVISION OF POLICY, PLANNING AND ASSESSMENT  
OFFICE OF HEALTH STATISTICS  
615-741-1954**

**DATE:** November 28, 2013

**APPLICANT:** MUA of Middle Tennessee, LLC  
28 White Bridge Road, #210  
Nashville, Tennessee 37205

**CON #:** CN1308-031

**CONTACT PERSON:** E. Graham Baker, Jr., Esquire  
2021 Richard Jones Road, Suite 350  
Brentwood, Tennessee 37215

**COST:** \$113,000

In accordance with Section 68-11-1608(a) of the Tennessee Health Services and Planning Act of 2002, the Tennessee Department of Health, Division of Health Statistics, reviewed this certificate of need application for financial impact, TennCare participation, compliance with the *Tennessee State Health Plan* and verified certain data. Additional clarification or comment relative to the application is provided, as applicable, under the heading "Note to Agency Members."

**SUMMARY:**

The applicant, MUA of Middle Tennessee, LLC, located at 28 White Bridge Road, #210, Nashville (Davidson County), Tennessee, owned and managed by itself, seeks Certificate of Need (CON) approval for the addition of interventional pain management services at its single specialty ambulatory surgical treatment center (ASTC). The applicant filed a Certificate of Need (CN1009-045A) which was approved on 12/15/2010 and implemented on 2/13/2013, according to the HSDA website. This CON was limited to the provision of MUA services. Additional comments relating to the licensure history of the applicant is contained in the Contribution to Orderly Development Section of this report.

The proposed new service will be located in the existing office building and will utilize the one procedure room which is currently licensed. There are no beds and no major medical equipment involved with this project, and no other health services will be initiated or discontinued.

The applicant is owned by five members who are physicians and is member managed. One of the physicians owns a 39% share, two of the physicians own 21.5% shares each, and another physician owns a 12% share, with the fifth physician having a 6% share of MUA of Middle Tennessee.

**GENERAL CRITERIA FOR CERTIFICATE OF NEED**

The applicant responded to all of the general criteria for Certificate of Need as set forth in the *Tennessee State Health Plan*.

**NEED:**

The applicant's proposed service area is Davidson, Robertson, Rutherford and Williamson counties. The service area for this project is based on the actual patient origin information for two of the members/owners as noted in the current CON application. The *Joint Annual Report of Ambulatory Surgical Treatment Centers 2012 (Final)* for MUA of Middle Tennessee, LLC documents the ASTC served residents of the following counties: Davidson (6), Dickson (1), Hickman (1), Humphreys (1), Montgomery (1) and Rutherford (1). It is noted these represent the period 4/1/2012 to 6/30/2012.

anesthesia (MUA) services to residents of the designated service area. Unlike MUA services, interventional pain management services are provided by a number of single specialty ASTCs. The following table documents interventional pain management services performed by single specialty ASTCs in the designated service area.

*Note to Agency Members: The Tennessee Department of Health, Division of Policy, Planning and Assessment-Office of Health Statistics verified the applicant's utilization data came from the Joint Annual Report of Ambulatory Surgical Treatment Centers 2012 Provisional which was the most recent data available to the applicant at the time this application was prepared. The Office of Health Statistics utilized the Joint Annual Report of Ambulatory Treatment Centers 2012 Final. There were no differences in the data provided by the applicant and that provided by the Office of Health Statistics.*

**Single Specialty Pain Management ASTC's, 2012 Final**

Facility	ORs	Procedure Rooms	2012 Procedures	2012 Patients*
Premier Radiology Pain Management	0	2	6,327	1,957
St. Thomas Outpatient Neurosurgical	2	1	5,465	2,530
Tennessee Pain Surgery	1	3	8,960	2,847
Crossroads Surgery	0	2	4,419	432
<b>Total</b>	<b>3</b>	<b>8</b>	<b>25,171</b>	<b>7,766</b>

Source: *Joint Annual Report of Ambulatory Surgical Treatment Centers 2012 Final*, Tennessee Department of Health, Division of Health, Division of Policy, Planning, and Assessment-Office of Health Statistics. \*Unduplicated Patients.

The following table documents the Multi-Specialty ASTCs providing interventional pain management services in the designated service area:

**Service Area Multi-Specialty ASTC  
Pain Management Utilization, 2012**

Facility	ORs	Procedure Rooms	2012 Procedures	2012 Patients
Baptist Ambulatory Surgery Center	6	1	2,485	1,178
Baptist Plaza Surgicare	9	1	691	340
Centennial Surgery Center	6	2	3,430	1,569
Northridge Surgery Center	5	2	652	296
Premier Orthopaedic Surgery Center	2	0	287	143
St. Thomas Campus Surgicare	6	1	3,589	1,624
Summit Surgery Center	5	1	2,313	1,057
Middle Tennessee ASTC	6	1	1,918	597
Physicians Pavilion Surgery Center	4	1	1,861	833
Surgicenter of Murfreesboro Medical Clinic	3	3	1,211	802
ASTC of Cool Springs	5	1	785	370
<b>Total</b>	<b>57</b>	<b>14</b>	<b>19,222</b>	<b>8,809</b>

Source: *Joint Annual Report of Ambulatory Surgical Treatment Centers 2012 Final*, Tennessee Department of Health, Division of Policy, Planning, and Assessment-Office of Health Statistics. \*Unduplicated Patients.

**TENNCARE/MEDICARE ACCESS:**

The applicant states they are a Medicare (#103G495427) and a TennCare (#1531024) provider. The applicant currently contracts with AmeriGroup and states in Section A, Item 12 in the Supplemental that it negotiating with AmeriChoice to secure a contract to provide interventional pain management services. The applicant also provides a list of insurance carriers it currently contracts with in the CON application in the Specific Criteria for Certificate of Need.

The applicant estimates its future payor mix will be as follows: Medicare 40%; Medicaid 10%; commercial 45% and private pay 5%.

The anticipated payor mix percentage does not appear to represent the gross revenue projected by the applicant. The applicant projects it will receive gross Medicare revenue (not counting

contractual adjustments) of \$4,646,975 and Medicaid/TennCare gross revenue of \$4,646,975 (not counting contractual adjustments) in the first year of operation. These estimates appear to be in error. The Projected Data Chart found on page 28 of the CON application states total gross revenue from interventional pain management services in year one of the project will only be \$4,646,975, again from all sources.

**ECONOMIC FACTORS/FINANCIAL FEASIBILITY:**

The Department of Health, Division of Policy, Planning, and Assessment has reviewed the Project Costs Chart, the Historical Data Chart, and the Projected Data Chart to determine if they are mathematically accurate and the projections are correct based on the applicant's anticipated level of utilization. The location of these charts may be found in the following specific locations in the Certificate of Need Application or the Supplemental material:

**Project Costs Chart:** The Project Costs Chart is located in the application on page 23. The total estimated project cost is \$113,000 according to the applicant.

The Office of Health Statistics reviewed the Project Costs Chart and the comments made by the applicant on page 9 of the CON application which asserts that there are no other costs, other than administrative for this project. The applicant also states that the equipment is already in place. This appears to conflict with the inclusion of \$60,000 for moveable equipment. The Project Costs Chart if this item was deleted would total only \$53,000 including the CON filing fee. The applicant also stated this additional amount for equipment was already purchased but was included nonetheless, as noted on page 24 of the application.

**Historical Data Chart:** The Historical Data Chart can be found on page 27 of the CON application. The Historical Data Chart found on page 27 of the current CON application, states MUA of Middle Tennessee, LLC had zero revenue, expenditures and no net operating income or losses during January thru December 2012 and no YTD revenue, expenditures or net operating income less capital expenditures in 2013.

The applicant reported on the 2012 JAR that it performed 11 procedures on 11 patients during the period 4/1/2012 to 6/30/2012 with \$18,000 in gross Medicare revenue and net Medicare revenue of only \$480 during the JAR reporting period and was open providing some clinical services, whether MUA or interventional pain management services, at various times during the period 4/1/2012 to the current date. It is also noted the Profit and Loss Statement for the CON applicant reflects that it, on an accrual basis had gross income from services of \$779,273. The total income from services, less the \$631,643.35 for contractual adjustments, was \$147,430.07

**Projected Data Chart:** The Projected Data Chart is located on page 28 in the CON application. This chart represents only interventional pain management services. The applicant projects 3,455 surgical patients in 2014 and 4,442 surgical patients in 2015 with a gross operating income of \$4,646,975 and \$5,974,490 in each year respectfully. The projected net operating income will be \$657,506 and \$741,668 in each year, respectively.

The applicant's estimated gross revenue for year one of \$4,646,975 is the same as the projected gross Medicare revenue. Also, it is the same as the projected Medicaid/TennCare gross revenue of \$4,646,975 which would result in total gross revenue for interventional pain management of \$9,293,950, twice as much as projected for the entire first year of operation. This also does not include revenue from commercial insurers, which by the applicant's calculations, would represent 45% of gross revenue with another 5% from private pay patients. The Projected Data Chart and the assumptions on which it is based cannot be verified by the Tennessee Department of Health, Division of Policy, Planning and Assessment-Office of Health Statistics at this time. It is also noted the Projected Data Chart for the total facility found on page 29-R of the first Supplemental, since it depends upon the

Projected Data Chart for interventional pain management services cannot be assessed at this time as accurate.

The applicant's average gross charge for interventional pain management services in year one is projected to be \$1,345 with an average deduction of \$1,076 resulting in an average net charge of \$269.

According to the applicant, there were no other alternatives considered other than doing nothing. The applicant believes that a special need exists resulting from overmedicating of patients with painkillers and that indications are that Tennesseans may be receiving too many prescription pain medications.

#### **CONTRIBUTION TO THE ORDERLY DEVELOPMENT OF HEALTHCARE:**

The applicant has a formal contractual relationship with St. Thomas Hospital in Nashville. The applicant states medical and chiropractic doctors, as appropriate, will be on site when interventional pain management procedures are performed.

The applicant states the approval of this project should not have any material adverse impact on any health care providers in the state. There are no other facilities dedicated to the provision of MUA procedures except the one in Knoxville. The proposed staff includes an administrator, a coordinating clerk, and RN. The anesthesiologist and/or CRNA will bill for services separately as will the physicians. The applicant plans on working with area training programs to allow students to rotate through the facility to complete clinical training requirements. No additional staff will be added to those provided by the applicant as a result of the original CN1009-045A.

The applicant will seek licensure from the Tennessee Department of Health, Board for Licensing Healthcare Facilities as a multi-specialty ASTC providing only MUA and interventional pain management services. The Department of Health, Division of Health Licensure and Regulation-Office of Health Care Facilities conducted an initial program and life safety survey on 2/7/12 followed by an initial program certification survey. The program certification survey took place on 6/12/2012 and the life safety survey took place on 6/13/2012. No deficiencies were cited by the Department of Health. The license as an ASTC limited to MUA services was granted on 2/28/2012 and expires on 2/28/2014.

#### **SPECIFIC CRITERIA FOR CERTIFICATE OF NEED**

The applicant responded to all relevant specific criteria for Certificate of Need as set forth in the document *Tennessee's Health: State Health Plan*.

#### **AMBULATORY SURGICAL TREATMENT CENTERS**

##### **Determination of Need**

1. **Need.** The minimum numbers of 884 Cases per Operating Room and 1,867 Cases per Procedure Room are to be considered as baseline numbers for purposes of determining Need. An applicant should demonstrate the ability to perform a minimum of 884 Cases per Operating Room and/or 1,867 Cases per Procedure Room per year, except that an applicant may provide information on its projected case types and its assumptions of estimated average time and clean up and preparation time per Case if this information differs significantly from the above-stated assumptions. It is recognized that an ASTC may provide a variety of services/Cases and that as a result the estimated average time and clean up and preparation time for such services/Cases may not meet the minimum numbers set forth herein. It is also recognized that an applicant applying for an ASTC Operating Room(s) may apply for a Procedure Room, although the anticipated utilization of that Procedure Room may not meet the base guidelines contained here. Specific reasoning and explanation for the inclusion in a CON application of such a Procedure Room

must be provided. An applicant that desires to limit its Cases to specific type or types should apply for a Specialty ASTC.

*The applicant is seeking CON approval for a multi-specialty ASTC providing interventional pain management services in addition to its MUA services previously approved as CN1009-045A. In year one, the applicant projects 3,455 and 4,442 procedures in year one and in year two respectively.*

2. **Need and Economic Efficiencies.** An applicant must estimate the projected surgical hours to be utilized per year for two years based on the types of surgeries to be performed, including the preparation time between surgeries. Detailed support for estimates must be provided.

*The applicant estimated the projected cases for years one and two of the project based on the specific criteria contained herein.*

3. **Need; Economic Efficiencies; Access.** To determine current utilization and need, an applicant should take into account both the availability and utilization of either: all existing outpatient Operating Rooms and Procedure Rooms in a Service Area, including physician office based surgery rooms (when those data are officially reported and available) OR, all existing comparable outpatient Operating Rooms and Procedure Rooms based on the type of Cases to be performed. Additionally, applications should provide similar information on the availability of nearby out-of-state existing outpatient Operating Rooms and Procedure Rooms, if that data are available, and provide the source of that data. Unstaffed dedicated outpatient Operating Rooms and unstaffed dedicated outpatient Procedure Rooms are considered available for ambulatory surgery and are to be included in the inventory and in the measure of capacity.

*There are four single specialty ASTCs located in the applicants service area providing pain management services. They are contained in the following:*

#### **Single Specialty Pain Management ASTC's, 2012 Final**

Facility	ORs	Procedure Rooms	2012 Procedures	2012 Patients*
Premier Radiology Pain Management	0	2	6,327	1,957
St. Thomas Outpatient Neurosurgical	2	1	5,465	2,530
Tennessee Pain Surgery	1	3	8,960	2,847
Crossroads Surgery	0	2	4,419	432
<b>Total</b>	<b>3</b>	<b>8</b>	<b>25,171</b>	<b>7,766</b>

Source: *Joint Annual Report of Ambulatory Surgical Treatment Centers 2012 Final*, Tennessee Department of Health, Division of Health, Division of Policy, Planning, and Assessment-Office of Health Statistics. \*Unduplicated Patients.

*In addition, there are eleven (11) multi-specialty ASTCs that provide pain management services in the service area:*

#### **Service Area Multi-Specialty ASTC Pain Management Utilization, 2012**

Facility	ORs	Procedure Rooms	2012 Procedures	2012 Patients
Baptist Ambulatory Surgery Center	6	1	2,485	1,178
Baptist Plaza Surgicare	9	1	691	340
Centennial Surgery Center	6	2	3,430	1,569
Northridge Surgery Center	5	2	652	296
Premier Orthopaedic Surgery Center	2	0	287	143
St. Thomas Campus Surgicare	6	1	3,589	1,624
Summit Surgery Center	5	1	2,313	1,057
Middle Tennessee ASTC	6	1	1,918	597
Physicians Pavilion Surgery Center	4	1	1,861	833

Surgicenter of Murfreesboro Medical Clinic	3	3	1,211	802
ASTC of Cool Springs	5	1	785	370
<b>Total</b>	<b>57</b>	<b>14</b>	<b>19,222</b>	<b>8,809</b>

Source: *Joint Annual Report of Ambulatory Surgical Treatment Centers 2012 Final*, Tennessee Department of Health, Division of Policy, Planning, and Assessment-Office of Health Statistics.  
 \*Unduplicated Patients.

- 4. Need and Economic Efficiencies.** An applicant must document the potential impact that the proposed new ASTC would have upon the existing service providers and their referral patterns. A CON application to establish an ASTC or to expand existing services of an ASTC should not be approved unless the existing ambulatory surgical services that provide comparable services regarding the types of Cases performed, if those services are known and relevant, within the applicant's proposed Service Area or within the applicant's facility are demonstrated to be currently utilized at 70% or above.

*The applicant is not adding or replacing the one procedure room that currently exists per the original CON (CN1009-045A) but merely will utilize the same procedure room as currently authorized for MUA services for additional interventional pain management services. The applicant notes correctly the provisional ASTC JAR data for 2012 for the four single specialty ASTCs devoted to interventional pain management services averaged 2,359 procedures per room. This figure was verified by the Tennessee Department of Health, Division of Policy, Planning and Assessment-Office of Health Statistics based on the final 2012 JAR data for ASTCs. This utilization represents 126% of the criteria which is 1,867, this also exceeds the 70% criteria set forth in the criteria.*

**5. Need and Economic Efficiencies.** An application for a Specialty ASTC should present its projections for the total number of cases based on its own calculations for the projected length of time per type of case, and shall provide any local, regional, or national data in support of its methodology. An applicant for a Specialty ASTC should provide its own definitions of the surgeries and/or procedures that will be performed and whether the Surgical Cases will be performed in an Operating Room or a Procedure Room. An applicant for a Specialty ASTC must document the potential impact that the proposed new ASTC would have upon the existing service providers and their referral patterns. A CON proposal to establish a Specialty ASTC or to expand existing services of a Specialty ASTC shall not be approved unless the existing ambulatory surgical services that provide comparable services regarding the types of Cases performed within the applicant's proposed Service Area or within the applicant's facility are demonstrated to be currently utilized at 70% or above. An applicant that is granted a CON for a Specialty ASTC shall have the specialty or limitation placed on the CON.

*Note to Agency Members: The Department of Health, Division of Policy, Planning and Assessment cannot at the present time determine the number of cases since this data is not reported in the Joint Annual Report of Ambulatory Surgical Treatment Centers.*

#### **Other Standards and Criteria**

**6. Access to ASTCs.** The majority of the population in a Service Area should reside within 60 minutes average driving time to the facility.

*The majority of the population in the service area resides within 30 minutes average driving time to the Nashville location, and 98% of the entire patient population will reside within 60 miles of the facility.*

**7. Access to ASTCs.** An applicant should provide information regarding the relationship of an existing or proposed ASTC site to public transportation routes if that information is available.



*The applicant notes the facility is located near to interstates and other surface transportation routes. The facility is only 18 miles from residents of Franklin, 28 miles from Murfreesboro and 28 miles from Springfield.*

**8. Access to ASTCs.** An application to establish an ambulatory surgical treatment center or to expand existing services of an ambulatory surgical treatment center must project the origin of potential patients by percentage and county of residence and, if such data are readily available, by zip code, and must note where they are currently being served. Demographics of the Service Area should be included, including the anticipated provision of services to out-of-state patients, as well as the identity of other service providers both in and out of state and the source of out-of-state data. Applicants shall document all other provider alternatives available in the Service Area. All assumptions, including the specific methodology by which utilization is projected, must be clearly stated.

*The applicant expects 98% of patients will come from the service area. This is based upon the previous history of the Tennessee Spine and Nerve Institute and the estimate of the pain anesthesiologist as related in its response to this question in the first Supplemental.*

**9. Access and Economic Efficiencies.** An application to establish an ambulatory surgical treatment center or to expand existing services of an ambulatory surgical treatment center must project patient utilization for each of the first eight quarters following completion of the project. All assumptions, including the specific methodology by which utilization is projected, must be clearly stated.

*The applicant provided data in the original CON application addressing projected patient utilization for the first eight quarters and described its methodology in the first Supplemental in response to question 9 from HSDA staff.*

**10. Patient Safety and Quality of Care; Health Care Workforce.**

a. An applicant should be or agree to become accredited by any accrediting organization approved by the Centers for Medicare and Medicaid Services, such as the Joint Commission, the Accreditation Association of Ambulatory Health Care, the American Association for Accreditation of Ambulatory Surgical Facilities, or other nationally recognized accrediting organization.

*The applicant's reports its facility was recently surveyed by the AAAHC and was certified as an ASTC meeting its accreditation standards.*

b. An applicant should estimate the number of physicians by specialty that are expected to utilize the facility and the criteria to be used by the facility in extending surgical and anesthesia privileges to medical personnel. An applicant should provide documentation on the availability of appropriate and qualified staff that will provide ancillary support services, whether on- or off-site.

*The applicant states Jay Parekh, DO. Anesthesiologist Boarded in Pain Medicine will provide pain management services to its patients. The list of physicians using this facility can be found in the first Supplemental in response to question 10 by the HSDA staff. The applicant also stated that the facility has an anesthesiologist agreement with Sweet Dreams Anesthesia, Inc.*

**11. Access to ASTCs.** In light of Rule 0720-11.01, this lists the factors concerning need on which an application may be evaluated, and Principle No. 2 in the State Health Plan, "Every citizen should have reasonable access to health care," the HSDA may decide to give special consideration to an applicant:

a. Who is offering the service in a medically underserved area as designated by the United States Health Resources and Services Administration.

*The applicant provided data sourced from the United States Health Resources Service Administration as a part of the first Supplemental. The service area does not, according to this source, have specific shortages at the present time, based upon our understanding of these reports..*

b. Who is a "safety net hospital" or a "children's hospital" as defined by the Bureau of TennCare Essential Access Hospital payment program;

*Not applicable.*

c. Who provides a written commitment of intention to contract with at least one TennCare MCO and, if providing adult services, to participate in the Medicare program; or

*The applicant contracts with BlueCare, AmeriGroup, TennCare Select, and numerous other third party payors. The estimated payor mix includes 45% Commercial, 40% Medicare, 10% TennCare/Medicaid, and 5% self-pay. The data cannot be determined to be accurate unless the applicant provides additional clarifying material.*

d. Who is proposing to use the ASTC for patients that typically require longer preparation and scanning times? The applicant shall provide in its application information supporting the additional time required per Case and the impact on the need standard.

*According to the applicant, the provision of interventional pain management services would be well within the available capacity of MUA of Middle Tennessee, LLC as the pain procedures average 15 minutes in duration not counting clean-up time between cases.*